

National Institute of Corrections

Health Reform and Public Safety New Opportunities, Better Outcomes

NIC /BOP National Reentry
Symposium: Promising Practices
and Future Directions
September 9-10, 2015



Health Reform and Public Safety

New Opportunities, Better Outcomes

NIC initiated a national discussion about the ACA to highlight promising practices and provide resources and strategies for expanding health care coverage to justice-involved individuals.

- Establish the relevance of the Affordable Care Act to the criminal justice system;
- Provide health care enrollment strategies to increase informed decision-making between criminal justice and healthcare stakeholders
- Develop collaborative systems and processes that leverage the ACA

Criminal Justice/Healthcare Enrollment Mapping

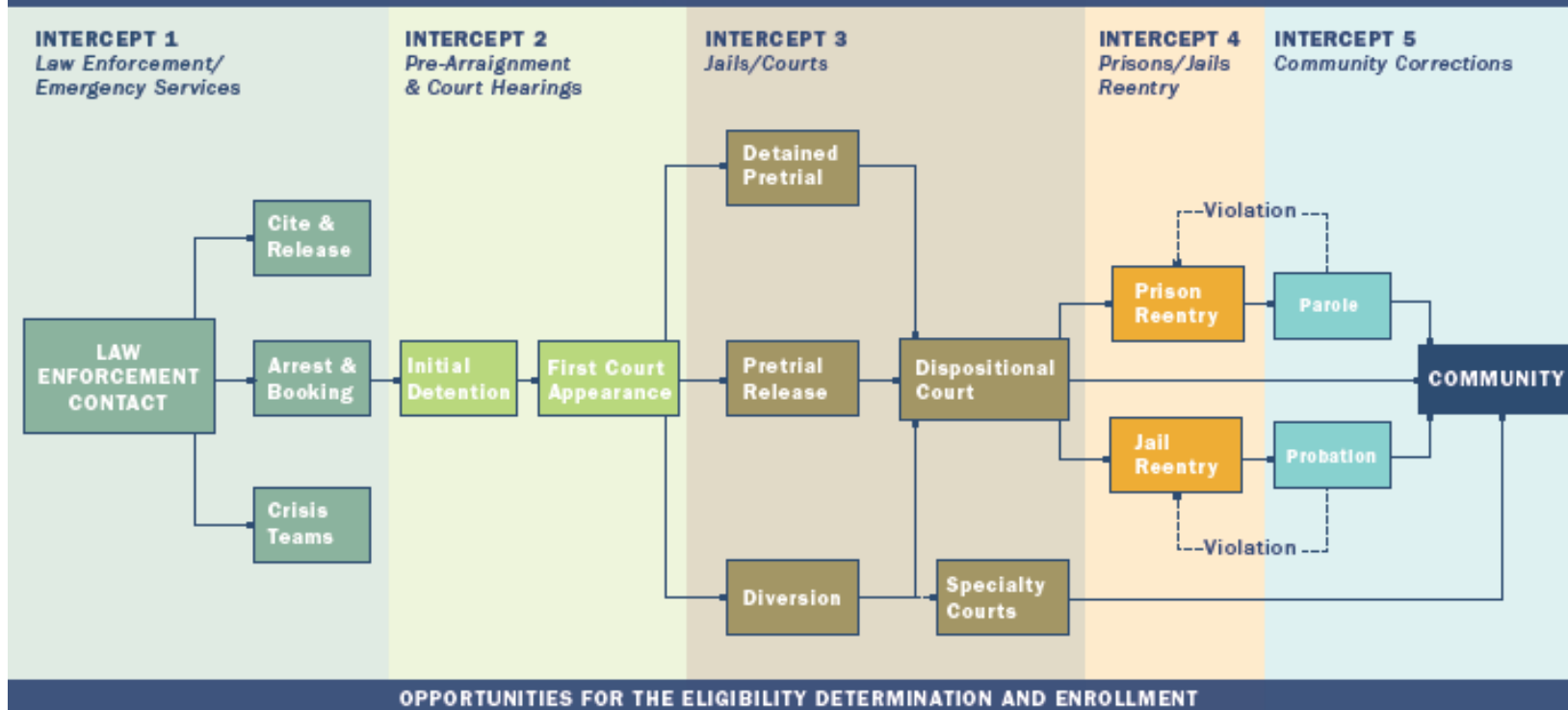
NIC has developed a protocol for coordinated technical assistance response to:

- Facilitate Strategic Planning
- Map the criminal justice system to connect justice-involved individuals with healthcare through provisions of the Affordable Care Act
- Develop implementation planning for ACA related policy



Healthcare Enrollment Intercepts In the Criminal Justice System

SAMPLE DECISION POINTS



Crisis teams enroll or refer for enrollment
 Hospital enrolls
 Local booking determines eligibility/enrolls
 Bail entity determines eligibility/enrolls

Public Defender or Prosecutor refers for enrollment
 Treatment providers determine eligibility/enroll
 Pretrial Services/Department of Social Services determine eligibility/enroll
 Bail entity determines eligibility/enroll

Public Defender or Prosecutor refers for enrollment
 Enrollment for individuals diverted at disposition
 Specialty court worker (or treatment provider) enrolls at intake
 Jail intake determines eligibility/enrolls
 Pretrial detainees enrolled upon release

DOC/Jail intake determines eligibility/enrolls
 DOC/Jail discharge planners determine eligibility/enroll
 Parole/Probation determines eligibility/enrolls prior to discharge

Transitional/Halfway houses determine eligibility/enroll
 Parole/Probation determines eligibility/enrolls prior to discharge
 Treatment providers determine eligibility/enroll

How can Corrections contribute to Enrollment and Connection to Healthcare?

- Educate staff about the new health insurance opportunities
- Become familiar with eligibility and enrollment policy that apply to justice- involved individuals
- Educate justice involved individuals in corrections systems about coverage options
- Provide application assistance to coincide with transition planning

Examples of Responsive Technical Assistance

- Louisville and Lexington Kentucky
- State of Connecticut
- Commonwealth of Massachusetts
- Northern Oregon Regional Correctional Facility

How can Corrections contribute to Enrollment and Connection to Healthcare? (cont.)

- Provide application and enrollment assistance
 - Intake Process
 - Transitional Planning
- Implementing Continuity of Care
 - Fostering Partnerships with Community Health Care



John R. Kasich
Governor

Gary C. Mohr
Director

**PARTNERSHIPS -
OHIO DEPARTMENT OF MEDICAID
AND
OHIO DEPARTMENT OF REHABILITATION & CORRECTION**

Cynthia Mausser,
Managing Director of Court & Community

The Ohio Story:

Medicaid expansion under PPACA in Ohio was a key initiative of Governor Kasich's Office of Health Transformation

September 26, 2013

- Ohio's Medicaid Director submitted a State Plan Amendment to extend Medicaid coverage to childless adults beyond traditional categories (pregnant, disabled, over 65, etc)

October 21, 2013

- State Plan Amendment to extend Medicaid coverage approved by the Controlling Board, thus becoming effective

January 1, 2014

- Governor Kasich authorized the expansion of Medicaid Services to all residents living within Ohio.

ODRC & ODM Initiatives



Reinstatement of Medicaid for Public Institution Recipients (ROMPIR)

- Effective November 2009 – allows ODRC to suspend & reinstate benefits for inmates released within 1 year.
- Approximately 27% of inmates received had Medicaid benefits



In-Patient Hospitalization

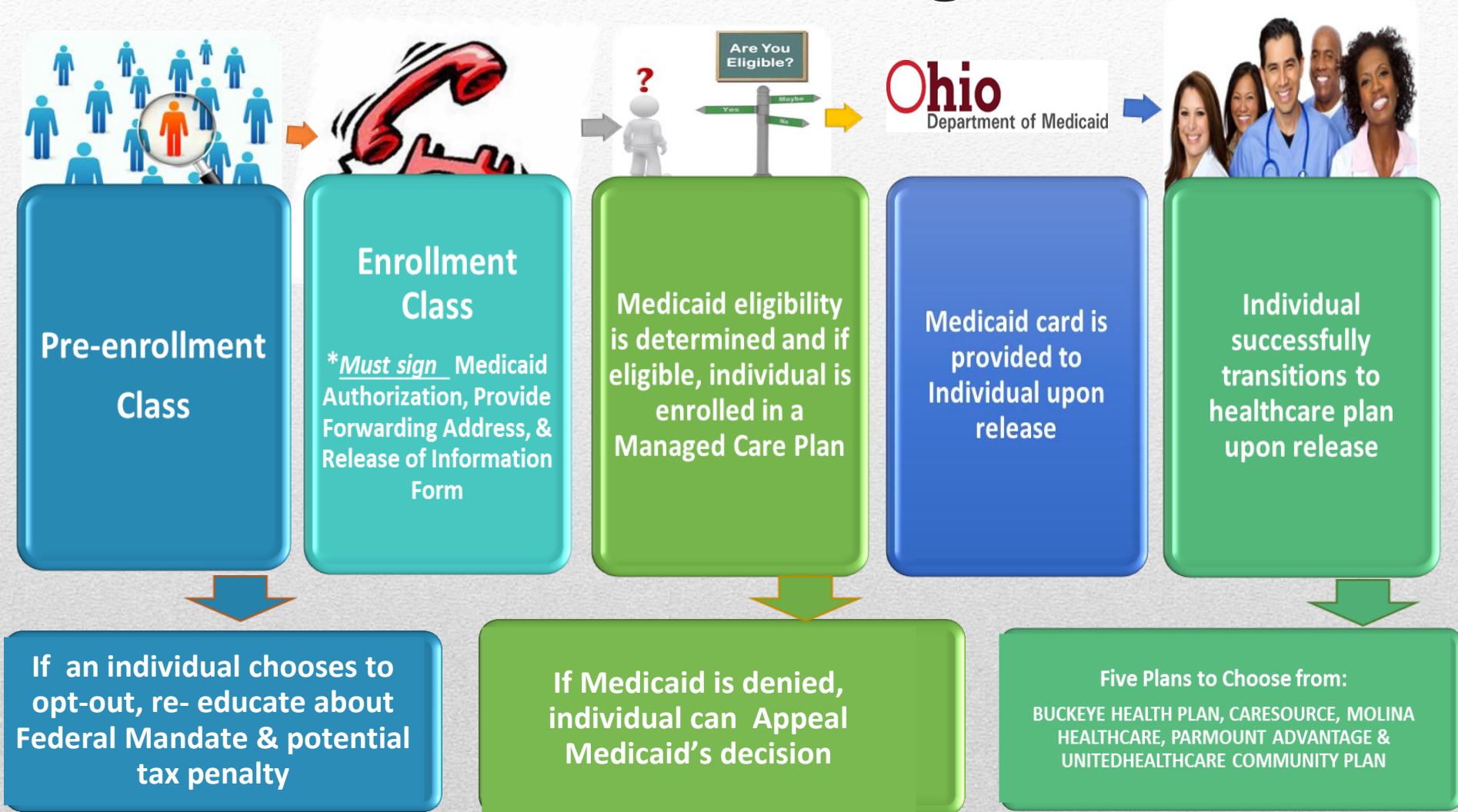
- Effective July 1, 2013 - cost avoidance program, fees incurred for 24 hour hospitalization are eligible for Medicaid reimbursement.
- ODRC staff complete a Medicaid application to obtain billing number to cover provider's expense.



Medicaid Pre-Release Enrollment Program

- Enrollment into Medicaid & selection of a Managed Care Plan prior to release from prison. Immediate access to healthcare post incarceration.
- Pilot program began at female facilities 9/2014 & has been on-boarded at five male facilities to date. Goal – all facilities activated by 12/2016

Medicaid Pre-Release Program Overview



Transitioning Critical Risk Individuals



Chronic Risk Indicators – two or more categories

- Medical Chronic Care Condition
- Mental Health (C1)
- Substance Abuse (R3)
- HIV Clinic & Hep C (independent qualifier)



Care Management

- Available to individuals with special and/or complex health care needs.
- Care Manager is assigned to work with the doctors and other providers to coordinate care.
- DRC will notify the Managed Care Provider when a Transition Plan is required



Care Manager

- Conducts an interactive video conference with the CRI individual in an effort to review and finalize the Transition Plan
- Advocates, assists, refers, and links the CRI individual to needed services/support in the community



Transition Plan

- Details medical follow-up post incarceration.
- Finalized Transition Plan will be provided to the individual on the scheduled day of their release



Questions?

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Resources

Key Elements of the Affordable Care Act: Interface with Correctional Settings and Inmate Health Care” Coalition of Correctional Health Authorities and American Correctional Association. <http://www.nga.org/files/live/sites/NGA/files/pdf/ACAC>

National Institute of Corrections Affordable Care Act Webpage, <http://nicic.gov/library/package/aca>

“Maximizing Medicaid: An Innovative Approach to Finance Health Care for Criminal Justice Populations.” <http://csgjusticecenter.org/wp-content/uploads/2014/06/2014-JC-Inpatient-Billing-Webinar-Slides-FINAL.pdf>

“The Affordable Care Act and Criminal Justice: Intersections and Implications.” <http://csgjusticecenter.org/mental-health/publications/the-affordable-care-act-and-criminal-justice-intersections-and-implications/>

Vera Institute of Justice: “The Potential Impact of the Affordable Care Act on the Criminal Justice System.” <http://www.vera.org/blog/potential-impact-affordable-care-act-criminal-justice-system>

“The Early Impact of the Affordable Care Act, State by State,” http://www.brookings.edu/~media/Projects/BPEA/Fall-2014/Fall2014BPEA_Kowalski.pdf?la=en

Offenders and the Affordable Care Act—The Urban Institute.

<http://media.csosa.gov/podcast/audio/2014/07/offenders-affordable-care-act-urban-institute/>

[DC Public Safety Radio Show, July 30, 2014]